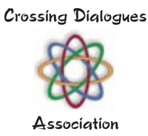
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HISTORY OF MENTAL CONCEPTS

The tendency to representation: symbolic hallucinations

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Written as part of the first volume of "Obsessions and Psychasthenia" (Janet, 1908), this paper presents C. Accordingly, these hallucinations are not experienced as the perception of an object but as "the evocation of a sign which subsumes many other thoughts". For instance, the patients do not really hear or see the hallucinated object but think they are perceiving it because they are afraid that this could happen. In some cases, they are so concerned of this possibility (e.g. the pious woman afraid of having luxurious thoughts in church) that they almost perceive what they fear (in this case, the woman has the sensation to see the priest's penis). Janet stresses that these forms of "symbolic mania" are very important in scrupulous patients, because they give to the obsessive hallucinations their peculiar character.

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Alongside the development of motor elements of the tendency to action, it has to be placed the development of representative elements and the tendency to hallucination. Are the obsessive individuals we study prone to present true hallucinations during the course of their obsessions? This question raised controversies. M. Jules Falret (1889) had formerly asserted that one of the distinguishing characteristics of these obsessive patients is that they never have true hallucinations: this excessively absolute sentence has been briskly disputed. Buccola, Tamburini, Séglas (1891), Stefani (1892), Catsaras (1892), Larroussinie (1896), Raymond and Arnaud (1892) claimed that «the hallucinatory obsession» does exist. I have insisted in several occasions, particularly while studying the case of Justine, that there were remarkable hallucinations accompanying her obsessions (Janet, 1894). Hence, it seems that there are two opposite opinions on this point. This contradiction can be explained easily. In some cases the authors do not talk about the same sick persons. From my side, I recognize that the hallucinated obsessed I described, like Marcelle or Justine, were hysterical. Considering the frequency and relevance of fixed ideas among hysterics, it is likely that it was the same in some of the hallucinated patients described by the other authors. M. Falret's sentence would remain true for the obsessed properly said of the psychasthenic type.

Nevertheless, the issue remains upsetting because at least a certain number of these last patients present phenomena which are close to the hallucination, whose nature must be discussed. The hypochondriacs represent to themselves some visceral phenomena as if they had hallucinations of the organic sensations. I'm not talking of their dysesthesias, which I will study later dealing with the emotional disturbances. I'm talking of the visceral and tactile representations that seem quite intense albeit imaginary. One of Wernicke's patients, cited by Pitres and Régis (1897), had the sensation to be covered in lice, she saw them and listened their rustling. One of our patients, Mae…, a 50 years old woman, who gave birth at 22, suffered from her stomach for a long time. She now has «childbirth crises» at all times, she claims to feel exactly in kidneys, belly and legs as she is currently giving birth. […] Other patients have the fixed idea of an intestinal worm: in Mort…, a 63 years old woman, «the worm goes up to the throat, it gives to her a little blow in the mouth, then it goes down: sometimes it is in the back, sometimes in the stomach». «You don't hear the worm swarming, it goes up again to the throat, and I must take a sip of water to let it go down again». Be… has a tapeworm in her belly «she

feels by its cold slips that it curls up until the epigastrium. It is a spider worm having big hairy paws like a spider».

As a type of hallucinations of the tactile sensibility we can study Jean's fluids. He always knows exactly in which direction respect to him is situated the lady of his thoughts. Everything goes well if he walks in that direction or turns his head towards that point: he can resist a bit. While it is terrible when he turns his back towards that point of the space; the ghost is suddenly on his back and allows itself umpteen extravagances. It determines tickles, chills, «fluids», and the situation is unsustainable. Also he is concerned about the orientation of his bed in the room, of his chair at the table. He changes their position until he finds a situation in which he no more turns his back towards such dangerous ghost. The misfortune is that there is another person located in another direction who performs almost the same influence, so it is very difficult to find a situation in which he is exposed to neither of them.

Auditory hallucinations are very rare: here are a few examples. John Bunyan, an English mystic writer, who obviously suffers from a delusion of scruple, one day hears a voice that tells him: «do you want to leave your sins and have heaven or keep your sins and have hell?», and he sees Jesus in the sky (Royce, 1894). M. Lépine (1894) quotes an unusual observation by an obsessive patient who is compelled to hear a voice continuously repeating a series of 25 words. The observation, a little short, nevertheless appeared to me similar to our patients. M. de Sanctis (1896) reports of an unusual musical obsession, an obsession that little by little becomes impulsive and forces the subject to sing internally the same musical tune. In the case of an observation by M. Larroussinie (1896) the voices come to support the patient's thoughts, and they formulate the same reproaches as the obsession. One of our patients, Per…, obsessed by a shame of body related to some hair on her face, listen through the wall her neighbors whispering: «hair, hair!». Jean also has auditory hallucinations: he is obsessed by the recall of a room maid to whom he believes he had dedicated his first ejaculations. This ugly face – we already know that Jean is obsessed only by the thought of old or ugly – is drawn in profile. It is animated by movements, the mouth can open and the ghost starts laughing. This laugh, at first moderate, became in a few years absolutely enormous, it's a crazy laugh that opens her mouth up to the ears. Such laugh is determined by the actions of poor Jean, because the room maid surveils him and makes fun of him unworthily of whatever way he behaves. If he goes into a tram where he risks to find himself seated close to a woman, then the image of the room maid starts laughing because he is tormented by his neighbor. When he goes out from the tram and takes a cab to be alone, the room maid immediately bursts and tells him: «You spend 40 sous for not finding yourself into the tramway with women, hi, hi, hi». It is difficult to find hallucinations apparently more complete; complex visual images, in movement, accompanied by tactile images in the back and in certain cases auditory images.

The purely visual representations are those largely more frequent; first, we find them in the [patients with obsessions of] sacrilege. One of Féré's (1892) patients saw a penis [membre viril]. The same characterizes Claire's obsessions. She pretends to see a naked man or rather the male's sexual parts of a man defiling a consecrated host, and also other images of the same kind. Lod.. and Lise also viewed some hosts on the floor, mainly when they apperceived a spittle. We… pretends to see in the sky images of crosses and saints. Among patients with criminal obsessions, Xa…, who is one of the females obsessed by the idea of killing someone, sees in front of her, on the left, a person that at the level of the eyes is crossed by a long kitchen knife (Fig.1). Besides, this obsession of sharp knife is frequent, it is found in Mb… and in many others. Vod… sees herself cutting the neck of her little girl. «I see myself bleeding her, putting her in a coffin and throwing the box in a sea of salted water.» Fra…, who believes having erotic impulses, «sees all men in the street unbuttoning themselves and running after her». Jean not only sees the laughing maid appear to him on the right, but the lady of his thoughts, Charlotte, constantly in front of him or in his head. In the group of the shameful [patients], the hallucinations are particularly odd. A particularly frequent hallucination is that

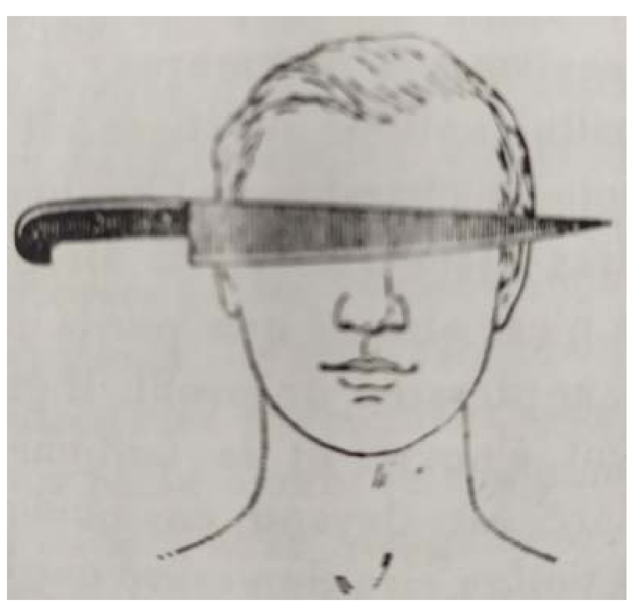


Figure 1: Drawing by the patient, to represent her hallucination. The knife is seen as much sharper than the facial features.

of a hole, of a precipice where they are going to fall or where they fell. For a long time Claire has skirted a huge precipice, now she is at the bottom of the hole and she well sees that it is impossible to ride up again. Hi…, a 47 years old woman, «morally sees a hole in which she has the impressions she is going to fall; if she can't get out of there, she'll kill herself rather than stay at the bottom». It can be remembered that Pascal, who had several symptoms of the scruple disease, saw at his side a precipice. Pascal's hallucination has been discussed at length: in case it is a historical [fact], which is in doubt, we should bring it closer to the other hallucinations of the same kind in scrupulous [patients], [and] this would be the best way to understand their nature.

We shall also link to the same group the following cases that I consider particularly interesting. A 20 years old young male, Voz…, complains about a particular problem: a disturbing spectacle distracts him in his studies and pleasures, he continuously sees in front of him a wall, and it is a wall that he knows well: it is that of the first courtyard of the school. He is also upset when he walks, because he is continuously, strictly surrounded by four trees, two in front and two behind him. They are four well-known tress of the courtyard of the school. Finally, he is even more disturbed when he sees chains or ropes stretched in front of him that are wrapped around the previous trees and that block his way (Janet, 1901). Rp…, a man of about 30 years old, that I studied together with prof. Raymond, sees a character passing in front of him at about 5 meters of distance. This character, that is almost always the director of a great School, sometimes looks smiling, sometimes his attitude and face are frowning and threatening. These cases are very frequent, so others could be added easily.

In presenting themselves, these phenomena appear as hallucinations: they are psychological phenomena that, in the patient's consciousness, appear to merge with the phenomenon of the external perception, although for an external observer there is no real object in relation to this perception. They seem to represent a system of images corresponding to an object, they seem to hold the appearance of exteriority, and they impose themselves in an irresistible way. Even the subject considers them as hallucinations. The young Voz…, Claire and Rp… come to be visited by a doctor asking to be healed of their *hallucinations* and, if we limit ourselves to a superficial evaluation, we will take them as hallucinated [persons]. Yet the existence of complete hallucinations would be a singular fact in scrupulous [patients]. How [is it possible that] these patients come to the complete representation of the same kind if they don't arrive [to develop] the complete impulse, the real enactment of their ideas[?] We should admit [this possibility] only after a demonstrative examination.

Now, in the majority of these patients such supposed hallucinations do not resist to the examination. «Every white object, said Lod…, let me think to the consecrated host, especially when it is dirty, but when I look at it, I well see that I was wrong. It was just a spitting on the floor.» Lise also recognizes very well that she is proceeding in her delusion almost until the moment she is going to have hallucinations, but there she stops. «In my big fears of the devil I felt I was almost starting to see something, but at that moment I stopped.» We…'s words should not be misunderstood: she doesn't see in the sky crosses and saints, she's looking to see them, which is not the same thing. «I'm afraid of seeing them, I want to see if frankly I see it.» All

this does not resemble a hallucination.

In reality, only a few embarrassing cases remain. Then we can make the following remarks about these hallucinations.

1. Such hallucinations are not complete and are far from presenting all the colors, all the details that would be seen in a real object, thus they are vague and lack clearness. To have a full exposure on this point it is necessary to insist a little with patients without worrying them by questioning their hallucinations. Xa.., who draw the knife crossing a figure, well underlines that the figure is not seen but guessed. «I need, she says naively, to draw this image to understand what it represents.» Although Claire seems to see the most terrifying images, it is easily detectable that this scene lacks precision. It is impossible to let her specify the form of this penis and its position respect to the consecrated host. She was never able to tell me if it was on the right or the left of the host, and in several cases she is still more confused: «It is something that must be like a penis although I don't know well what it is… In any case I'm sure it is something dirty.» It is not enough clear to be a visual image. The latter young man, Rp…, would be too much embarrassed if he had to describe the character he sees, because he is too frightened to look at him, he knows he sees it, but he didn't really see him. Despite their seeming precision, Jean's hallucinations are of the same kind. These figures are vague, erased, «it is as if I see her, as if she talks to me». They are images without color, and words without sounds. Very often these images seem to fade even more. «I don't see the ghost of M… because she is behind my back, but I know she is there.» For this he uses an interesting word. «I don't exactly see it, he says, it remains implicit.» With this he means that there is not a precise image, there is only a vague sign but sufficient to feel its presence. «I don't have a precise idea, I don't see her figure, I don't hear her voice, I don't whisper her name, nevertheless I know that I continuously think about her.» Since I couldn't be satisfied of this hateful persisting obsession that was nothing, that did not consisted in any psychological fact, I insisted; and Jean claims that in certain cases he has curiously remarked: «Actually Charlotte has a strong voice and she rolls the Rs. This pronunciation struck me and, when I'm obsessed implicitly, I perceive in my mouth, on the tongue, something like a little rolling of the Rs. This is enough, I know that I constantly think about Charlotte.» In other cases he feels in his forehead as if a letter of her name has been written. The obsessions are reduced to these very small images, and it is himself that starting from them concludes to the pretended hallucinations. It is remarkable that all these implicit hallucinations make the patients suffer a lot, «the more this is vague and implicit, the more it is odious». Hoffding had already said that the lack of precision gives a peculiar feeling of dread: we should study it more carefully when we talk of the uneasiness of these patients.

It is not just a decrease in the images' intensity, it is a complex fault, some essential categories of the images are totally lacking. It is impossible to add the lacking images and to make the hallucinations detailed. In hypnotizable hysterics it is possible to let arise the hallucination by awakening in the subject's mind the images, one after another. I showed elsewhere that regarding hallucinations, a big role is played by this increasing complexity, by this automatic development of the elements of the idea. But here the patients cannot see better, and at the opposite the attention suppresses the little they can see.

2. Many authors, and in particular M. Séglas, also remarked that these hallucinations lack the feature of exteriority, which is so important in perception and in complete hallucinations. This remark is correct for a certain number of patients.

Jean's hallucinations do not lack only in precision but also in exteriority: he is prone to localize them in «the cerebellum», or in the forehead «at the top on the right, where they produced like a bone's protrusion». He also recognizes by himself the nature of the phenomenon «it is, he says, my mad cerebral laughing». Claire is really bothered when one tries to let her specify the external place of her image, she believes that the whole is on the left, but she doesn't know well where it is. «Besides,

it is not her fault that she is unable to precise the place, the object is too far … but not too far in distance … it's far away as if it was another person who was seeing it … This other person would well see that it is a penis, would well see its place, but I don't see it.» Abstaining from talking of the personality disturbances revealed by this sentence, we'll just note that the external localization remains vague.

Nevertheless, I would not say that exteriority totally lacks in these hallucinations, as M. Séglas said at the Psychological Society. Some patients have the feeling of this exteriority. Voz… sees trees, the wall, chains, outside him: «It is outside me, because it prevents me from moving forward, it seems to me that it blocks my way.» Rp… asserts that his director's image is 5 meters in front of him. We shall not jump too easily to conclusions even for the previous patients Jean and Claire, who put the hallucination in their head. They hesitate to consider their image as external only after we interview them, when we force them to reflect. At the beginning, when they talk of this spontaneously, they claim the image appears «in front of them, in the external space». The reason for changing their mind after reflection is that they are themselves surprised that an image can be external while lacking of an essential feature of the external things.

3. In effect, the most important fact is not that these images lack exteriority but that they lack reality. This very important feature is connected to the feeling of belief, of certainty. We take as real an object when our actions and feelings are in accordance with its image. Now, our subjects are aware that for them this hallucination is not real. They say they are «a sort of hallucinations», «unrealities». Their torment consists exactly in doubting of the reality of such images, in wondering about their existence. One of these patients continuously asks herself if she has a religious vocation; she presumes that such a vocation, if present, would show itself by means of divine signs like the vision of saints in the sky. She also continuously asks herself if she had actually seen saints in the sky: one moment she says that she did, later on she recognizes that she would be very sorry if she had not seen them. The patient who see the director of the school is in the same situation; he has a mania for omens, to decide to act one way or the other; despite his abulia he wants to see his director pass smiling or threatening, and he asks himself if he saw him well. Do not only such a feeling of reality is lacking, he is also curious to notice that he [the director] will never appear.

If only a lesser degree would distinguish such a phenomenon from ordinary hallucination, then during the progression of the disease it shall come close to [acquiring] the feeling of reality. Also, if these patients ever came to the condemnation of their hallucinations, they would be recovered, or at least they would change the nature of their disease, but we never observe such a thing. Although the images themselves appeared rather external before reflection, nevertheless they always remain unreal and doubtful to them.

4. These hallucinations also present another important feature, i.e. they are *symbolic*: they are not constituted by the representation of an object which is interesting in itself, rather for the evocation of a sign which subsumes many other thoughts. The *symbolic mania* is so important in scrupulous [patients] that we cannot study it incidentally, it is enough to signal here that it gives to the hallucinations their character.

CONCLUSION

After these observations we can see that the hallucinations in scrupulous [patients] are far from being identical to the complete hallucinations presented by the hysterics or the alcohol addicted. Several authors arrive to this conclusion, particularly M. Pick (1895) and M. Francotte (1898). To them, it could be given the name pseudohallucinations, which has been proposed by Dr. Kandinsky (1884) for patients of the same kind. A patient believes he changed nationality, that he has become English, in this regard he sees a lion putting his paws on his shoulders. He himself remarks that he was not scared as if it was a real lion, he understood well that it was the English national emblem. Similarly, our patients understand that these supposed images are only emblems, symbols aimed at summarizing long meditations and

rendering the plastic idea in some way. They don’t take them as real, as they would do in case of true hallucinations.

We can now answer more completely to the problem we asked at the beginning of this paper. If we put aside the obsessed hysterics, who present indisputable hallucinations, can the scrupulous [patients] present this phenomenon? Surely they present a certain appearance of hallucination, i.e. the pseudohallucinations or symbolic hallucinations, but M. Falret was right to observe that they never present genuine hallucinations.

Again, we have here a tendency towards the hallucinatory representation that never reaches its complete end. The subject appears to push the representation as far as possible. He persists in seeing the external and real image appear, he looks for it, but he never really sees it. More than a real hallucination, it is still a sort of *mania of the hallucination*.

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